



Veterinary Medication Clerk Registration Application Packet

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Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, please read, complete, and return this [form](#) with your application.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Veterinarian Board of Governors
Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the correct forms required.

Application Fee. (This fee is non-refundable). You can check the online [fee page](#) for current fees.

Check if either apply:
Request for Military Training and Experience Evaluation
Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information:

Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360-236-4700 if you do not have one.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this application form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Birth place: Provide the city, state, and country where you were born.

Address: List the address we should use to send any information on your credential. Be sure to include the city, state, zip code, county and country. This will be your permanent address with Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax, and Cell Numbers: Enter your phone, fax, and cell numbers, if applicable.

Email: Enter your email address, if applicable.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

2. Personal Data Questions:

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

3. Sponsor Information:

Provide sponsoring practice/clinic and the name of the sponsoring veterinarian. Provide the address, and phone number of the practice/clinic.

4. Education:

List in date order your educational preparation. Attach additional pages if you need more space.

5. Experience:

List in date order all of your professional experience and practice positions. Attach additional pages if you need more space.

6. Other License, Certification, or Registration:

List all states where licenses are or were held. Specifically list licenses granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current. Attach additional pages if you need more space

7. AIDS Education and Training Attestation:

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in [WAC 246-12-270](#). If AIDS education was included in your professional education or training, an additional course is not required.

8. Applicant’s Attestation:

You must sign and date this for us to process the application.

For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse's or registered domestic partner's military transfer orders to Washington State.
- One of the following:
 - A copy of your marriage certificate to show proof of marriage; or
 - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

For Current and Former Servicemembers Requesting Evaluation of Military Training and Experience

Under state law, your military education, training, and experience may count towards attaining certain civilian health care profession credentials in Washington State.

Submitted information will be reviewed by the Department of Health to determine substantial equivalency for meeting the credentialing requirements in this state.

Documents to submit with your health care professional credential application should include the following:

- If applicable, a copy of your DD214 Certificate of Release or Discharge from Active Duty, Member-4 or service 2 copy, or NGB-22 for National Guard.

Please note:

- A copy of your DD214 can be downloaded from the [EBenefits website](#).
- You can request a replacement copy of your NGB-22 on the [National Archives website](#).
- Official Joint Service Transcript (JST) or Community College of the Air Force (CCAF) Transcripts.

Please note:

 - JST can be sent electronically by visiting the [JST website](#) and selecting Washington State Department of Health.
 - CCAF transcripts cannot be sent electronically. See the [CCAF website](#) for transcript information.
- Verification of Military Experience and Training (VMET) or DD Form 2586. See the [DoDTAP website](#).
- If applicable, application for the Evaluation of Learning Experiences During Military Service (DD Form 295). See the [Military Resources website](#).

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Model Training Program

The role of Veterinary Medication Clerks (VMC) allows licensed veterinarians in the state of Washington to delegate specific pharmaceutical responsibilities associated with the distribution of prescription medications.

Attached are several items to assist you in completing the application and training process for veterinary medication clerk registration. Items marked with an * are to be returned to this office with the required application fee:

- Introduction
- Application for Registration
- AIDS Education Requirements and Outline of HIV/AIDS Curricular Topics
- Reference RCW/WAC
- Training Requirements
- *Sponsoring Veterinarian Affidavit
- *AIDS Education Affidavit

AIDS Education Requirements For Health Related Professions

The Department of Health has been charged with implementing the mandatory AIDS Bill (ESSB 6221). All health related professions under the disciplinary authority of the Uniform Disciplinary Act [RCW 18.130](#) are affected.

Beginning on September 1, 1989, new applicants for veterinarian licensing, animal technician registration and veterinary medication clerk registration will be required to provide certification of having met the educational requirement. The department will accept courses taken since January 1, 1987 which fulfill the requirements of hours and topics.

You are required to have a minimum of four contact hours of education in the following six topics: Etiology and Epidemiology of HIV, Transmission and Infection Control, Testing and Counseling, Clinical Manifestations and Treatment, Legal and Ethical Issues—to include Confidentiality, and Psychosocial Issues to include special population considerations.

Acceptable Education: The Veterinary Board of Governors will accept education that is consistent with the topics outline provided in the AIDS Education and Training Attestation (Number six on the application).

Veterinary Medication Clerk Model Training Program

Introduction (Revised August 2016)

I. Purpose

A. On-the-Job Training Program

The purpose of this program is to provide a guide to be used by the sponsoring veterinarian for training of persons who apply for registration as a Veterinary Medication Clerk. The sponsoring veterinarian should ensure that training will provide the applicant with the skills necessary for the competent performance of certain delegated tasks related to handling legend medications and medication orders.

B. Statutory Compliance

In compliance with [RCW 18.92.015](#), this document is intended to provide a mechanism whereby a licensed veterinarian can qualify a person to be registered as a Veterinary Medication Clerk through a board-approved training program.

C. Accountability

It shall be clearly understood and acknowledged that the ultimate responsibility and liability for the training, qualification and supervision of the Veterinary Medication Clerk rests with the licensed veterinarian as defined in Section IV.

II. Laws

A. RCW

1. 18.92 Veterinary Medicine, Surgery and Dentistry
2. 69.41 Legend Drugs—Prescription Drugs
3. 69.50 Uniform Controlled Substances Act

B. WAC

1. 46-937 Veterinary Medication Clerks
2. 246-935 Veterinary Technicians

III. Authorized Pharmaceutical Tasks—Supervision Requirements

A. Direct Supervision by a Licensed Veterinarian

The veterinarian is on the premises and is quickly and easily available.

1. Selecting the Medication
2. Counting of Medication
3. Labeling of Medication
4. Packaging of Medication

B. Indirect Supervision by a Licensed Veterinarian

The veterinarian is not on the premises, but has given either written or verbal instructions with regard to the handling of the medication.

Note: The requirements in (B) above are to be construed as minimal requirements. At the discretion of the Sponsoring Veterinarian, these tasks can be required to be delegated under direct supervision as a matter of practice policy.

IV. Definitions

A. For the purposes of this manual the following definitions are used:

1. Sponsoring Veterinarian—The licensed veterinarian charged with the responsibility of administering the training program.
2. Supervising Veterinarian—The licensed veterinarian who has the responsibility of direct or indirect supervision of the registered Veterinary Medication Clerk.
3. Sponsoring Practice—The practice wherein the applicant is trained for and registered as a Veterinary Medication Clerk.
4. Dispensing Veterinarian—The licensed veterinarian who has primary responsibility for the care and treatment of a patient.

V. Outline of HIV/AIDS Curricular Topics

A. Etiology and Epidemiology of HIV

1. Etiology
2. Reported AIDS cases in the United States and WA State
3. Risk groups/behaviors

B. Transmission and Infection Control

1. Transmission of HIV
2. Infection Control Precautions
3. Factors affecting risk for transmission
4. Risk for transmission to health care worker

C. Testing and Counseling

1. IV test information
2. Pre-test counseling
3. Post-test counseling

D. Clinical Manifestations and Treatment

1. Clinical manifestations of HIV infection
2. Case management
3. Physical care
4. Psychosocial care
5. Home care
6. Resources

E. Legal and Ethical Issues

1. Confidentiality as defined in the AIDS omnibus bill
2. Informed consent
3. Legal reporting requirements
4. Ethical issues
5. Civil rights

F. Psychosocial Issues

1. Personal impact of HIV continuum
2. The human response to death and dying
3. Issues for care providers
4. Family issues
5. Special populations

Training Requirements

VI. Definitions, Abbreviations, and Calculations

A. Definitions

The applicant should be familiar with the following terms and their meanings:

1. Drug
 - a. Substances recognized in the Official United States Pharmacopoeia or the Official Homeopathic Pharmacopoeia of the United States;
 - b. Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;

- c. Substances (other than food) intended to affect the structure of any function of the body of man or animals; or
 - d. Substances intended for use as a component of any substances specified in a., b., or c. above, but not including devices or the component parts or accessories.
2. Controlled Substance
 - a. A drug, substance or immediate precursor in Schedules I through V or Article II (RCW 69.50.101).
 3. Brand Name
 - a. The proprietary or trade name selected by the manufacturer and placed upon a drug, its container, label, or wrapping at the time of packaging.
 4. Generic Name
 - a. The non-proprietary name of a drug or drug ingredients.
 5. Legend Drug
 - a. Any drug which is required by federal or state law or regulation of the State Board of Pharmacy to be dispensed on prescription only or restricted to the use by practitioners only.

B. Abbreviations

1. The Veterinary Medication Clerk should be knowledgeable as to the abbreviations applied to pharmacy procedures and any practice-specific abbreviations used within the sponsoring practice.
2. The following list of abbreviations constitutes the minimum basis for knowledge of abbreviations:

b.i.d.....	Twice a day	tblsp.....	Tablespoon
t.i.d.....	Three times a day	ml.....	Milliliter
q.i.d.....	Four times a day	cc.....	Cubic centimeter (ml)
q. 4 hr, etc.....	Every 4 hours, etc	mg.....	Milligram
Sig.....	Directions for use	gm.....	Gram
o.u.....	Both eyes	kg.....	Kilogram
o.s.....	Left eye	oz.....	Ounce
o.d.....	Right eye	pt.....	Pint
>.....	Greater than	u.....	Unit
<.....	Less than	I.U.....	International units
q.s.....	As much as sufficient for total finished volume	prn.....	As needed
tsp.....	Teaspoon		

3. The following list constitutes the minimum basis for knowledge of apothecary equivalents:

15 mg.....= 1/4 grain (gr)	5 ml.....= 1 tsp
30 mg.....= 1/2 gr	28 ml.....= 1 ounce (oz)
1 gr.....= 65 mg	1 oz.....= 28 gm
20 drops.....= 1 ml	1 kg.....= 2.2 lb. (#)

4. The following abbreviations constitute the minimum basis for knowledge of routes of administration:

I.M.....Intramuscular(ly)	P.O.....Per os (by mouth)
S.C. or S.Q.....Subcutaneous(ly)	TopicalOn the surface of the body
I.P.....Intra peritoneal(ly)	Orally.....By mouth
I.V.....Intravenous(ly)	Parenteral.....Refers to injection of drugs into a patient's body

C. Calculations

1. The applicant should have adequate mathematical skills in order to perform necessary calculations when filling a medication order.
 - a. The applicant should be tested for calculation competency by utilizing sample problems such as:
 1. Calculate the number of 100 mg tablets necessary to treat an animal weighing 22 pounds for 10 days at a dosage rate of 10mg/kg. b.i.d.
2. Counting, Labeling, and Packaging
 - a. The applicant should be familiar with the sponsoring practice's protocol with regard to the logistics of counting, labeling, and packaging.
 - b. Counting, labeling and packaging shall be performed under the direct supervision of the supervising veterinarian or the dispensing veterinarian when such tasks are performed by an applicant, registered Veterinary Medication Clerk, or registered Veterinary Technician (per RCW 18.92).
 - c. Labeling and packaging shall be performed according to the applicable section of RCW 69.41.050. Such labeling and packaging includes, but is not limited to the following:
 - Name of the client and identification of the animal
 - Name and strength of drug
 - Date dispensed
 - Name of prescribing veterinarian
 - Complete directions for use
 - Amount of drug dispensed
 - Name and address of prescribing veterinarian

- d. A review of the packaging protocol of the sponsoring practice, including but not limited to: the use of child-proof containers, methods for proper handling of dispensed medication (i.e., must be refrigerated, shake well before using, etc.) shall be part of the training process.

Note: Additionally, a record of all drugs administered or dispensed shall be kept in the client's record. The Veterinary Medication Clerk should assure that an entry is made by the dispensing veterinarian in the appropriate record.

3. Ordering, Stocking, Inventory and Delivery of Medications

- a. Ordering, stocking, inventory and delivery of medications may be performed under the indirect supervision of the dispensing veterinarian or the supervising veterinarian.
- b. Medication can be delivered only after a final check of the packaged medication by the supervising veterinarian or dispensing veterinarian. The final check shall include, but not be limited to, assurance as to the proper medication, the appropriate patient/client, the amount and strength of the medication, the correct directions for use and proper packaging.
- c. A review of the sponsoring practice's protocol for ordering, stocking and inventory should be conducted by the supervising veterinarian for any applicant, licensed Veterinary Medication Clerk, or registered Veterinary Technician who shall have responsibility for those duties.

4. Medication Categories

- a. Medications can be prescribed only by a licensed veterinarian, but the applicant, registered Veterinary Medication Clerk, or registered Veterinary Technician should be familiar with the names of the commonly dispensed drugs in the sponsoring practice. A review of the drugs utilized in the sponsoring practice and knowledge of the category under which they fall is required. Such a list of categories includes, but is not limited to:
 - Antibiotics
 - Anthelmintic Drugs
 - Cardiac Drugs
 - Topical Medications
 - Diuretics
 - Anti-inflammatory Drugs
 - Hormones
 - Otic Preparations
 - Sedatives/Tranquilizers
 - Ophthalmic Preparations
 - Anti-fungal Drugs

5. Excluded Tasks

- a. The supervising veterinarian, dispensing veterinarian, applicant, registered Veterinary Medication Clerk, and registered Veterinary Technician must be aware that the following functions cannot be delegated by the veterinarian to any non-veterinarian.
 1. Consultation with a client regarding the medication order and/or any information involving professional clinical judgment.
 2. Delivery of any medication without the authority of the supervising or dispensing veterinarian.
 3. Delivery of any medication without written authority being entered in the patient's record by the dispensing veterinarian.
 4. Interpretation and/or identification of the contents of a prescription document. This means the dispensing veterinarian is responsible for assuring the correct medication is dispensed
 5. Determination of the product dispensed.
 6. Extemporaneous compounding of a medication order.
 7. Interpretation of data in a patient record.
 8. Any duties required by law to be performed by a licensed veterinarian.
 9. Class I, II, III, IV, or V controlled substances are not included in, and are specifically excluded from, any duties that a registered Veterinary Medication Clerk may perform.

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Date
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Revenue 0283040000

Veterinary Medication Clerk Registration Application

Please print clearly. It is the responsibility of the applicant to submit or request all required supporting documents be submitted. Failure to do so may result in a delay in processing your application.

Select if either apply: Request for Military Training and Experience Evaluation
 Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)

Name	First	Middle	Last
------	-------	--------	------

Birth date (mm/dd/yyyy)	Place of birth		
	City	State	Country

Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address

Mailing address if different from above address of record

City	State	Zip Code	County
------	-------	----------	--------

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? Yes No If yes, list name(s):

Will documents be received in another name? Yes No If yes, list name(s):

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach an explanation.....

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another state or jurisdiction?

Note: If you answered yes, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and your application will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?
 - b. Diverted controlled substances or legend drugs?
 - c. Violated any drug law?
 - d. Prescribed controlled substances for yourself?
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?

3. Sponsor Information

Sponsoring Practice/Clinic

Sponsoring Veterinarian's Name

Practice/Clinic address

City

State

Zip Code

Practice/Clinic Telephone (enter 10 digit #)

4. Education

List in date order your educational preparation and post-graduate training. Attach additional pages if you need more space.

Full name, city and state of schools attended	Year Graduated	Date Equivalency Obtained

5. Experience

List in date order all of your professional experience and practice from date of graduation from high school. Include the month/day/year. Attach additional pages if you need more space.

Employer's name and address	Description of work	Inclusive dates of experience	
		Start date	End date

6. Other License, Certification, or Registration

List all states where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date grantor, and if credential is current.

State/Jurisdiction	Profession	Credential			Method of Credentialing	Currently In Force
		Type	Number	Year Issued		
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

7. AIDS Education and Training Attestation

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. **I understand that if I provide any false information, my license may be denied, or if issued, suspended or revoked.** If AIDS education was included in your professional education or training, an additional course is not required.

Applicant's Initials	Today's Date

8. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the state of
(Print applicant name clearly)

Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ By: _____
(mm/dd/yyyy) (Original signature of applicant)

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Washington State Department of

Health

Veterinary Board of Governors
Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Sponsoring Veterinarian Affidavit

(Please Print in Ink)

Applicant's Name _____

Sponsoring Veterinarian's Name _____

Name of employing veterinary clinic/hospital _____

Address of employing veterinary clinic/hospital _____

City _____ State _____ Zip Code _____

Duties and responsibilities of Veterinary Medication Clerk applicant _____

Required training and instruction was received in the following areas as outlined in the Veterinary Medication Clerk Model Training Program.

Definitions—Applicant must be able to define the following:

Drug Brand Name Legend Drug Controlled Substance Generic Name

Abbreviations—Applicant must be familiar with the following:

Pharmacy Practice Routes of Administration Apothecary Equivalents

Calculations—Applicant must be familiar with the following:

Quiz on Calculation Competency

Procedures Concerning Counting, Labeling, and Packaging Requirements

Supervision and Protocol Requirements for Ordering, Stocking, Inventory and Delivery of Medications.

Medication Categories—Applicant must be familiar with the drugs utilized in the sponsoring practice and have knowledge of the category under which they fall. Yes No

Excluded Tasks—Applicant is aware of the functions which **cannot** be delegated by the veterinarian to any non-veterinarian. Yes No

The boundaries of direct and indirect supervision were discussed with the applicant. Yes No

Applicant has a high school graduation or equivalency. Yes No

Sponsoring Veterinarian Signature

I, the undersigned, attest that I am the person described and identified as the Sponsoring Veterinarian in this application for registration as a Veterinary Medication Clerk in the state of Washington, and that I have supervised the training of the above named applicant according to the Veterinary Medication Clerk Model Training Program which was adopted by the Veterinary Board of Governors on November 1, 1993.

I affirm that Class I, II, III, IV, or V controlled substances are not included in, and are specifically excluded from, any duties that a registered Veterinary Medication Clerk may perform.

I understand that the Department may require more information from me, and that if I provide false or incomplete information the application or registration may be denied, or the registration ultimately suspended or revoked.

Signature of sponsoring veterinarian:

Date:



Washington State Department of
Health

Veterinary Board of Governors
Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Out-of-State Credential Verification

To Applicant:

Please complete this side of this form and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed, certified, or registered as a healthcare provider. The regulatory agency will complete page two.

Name: Last			First			Middle		
Mailing Address:								
City:						State:		Zip Code:
Phone (enter 10 digit #):					Cell (enter 10 digit #):			
Email address:								
Any other names used:								
Type of license(s) you hold or have held in other state(s):								
Washington State healthcare credential type you are applying for:								
Washington State healthcare credential number (if available):						Date Issued:		

Have the licensing agency complete page two and return this form to the address listed above.
If you have any questions, please call 360-236-4700.

This form may be duplicated.

(To be Completed by the Regulatory Agency)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of license, certification, or registration holder:		
Authority providing verification: (state, name, and title)		
Applicant was credentialed by: <input type="checkbox"/> Written Examination	Date:	Score:
Name of examination:		
<input type="checkbox"/> Other Examination	Date:	Score:
Name of examination:		
Is credential current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:	
Is this individual considered to be in good standing in your state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," please attach explanation.		
Has this credential ever been denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surrendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reinstated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please provide a copy of the final order or other documentation of action taken.		
If this credential holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(SEAL)

Signature:

Title:

Date:

Veterinary Medication Clerk Competency Evaluation Tool

This tool is provided for training purposes only. Applicants are not required to submit the completed evaluation.

1. All the following tasks may be performed by a veterinary medication clerk under direct supervision of a licensed veterinarian, except:
 - a. Counting legend drugs
 - b. Labeling legend drugs
 - c. Packaging of legend drugs
 - d. Delivery of legend drugs

2. Which of the following tasks may not be performed by a veterinary medication clerk under indirect supervision of a licensed veterinarian?
 - e. Inventorying of legend drugs
 - f. Consultation with a client regarding the medication order and/or any information involving professional clinical judgement.
 - g. Ordering legend drugs
 - h. Stocking legend drugs

3. In what ways must the licensed veterinarian inspect and document the work of the registered veterinary medication clerk?
 - i. The licensed veterinarian must inspect all packaged medication orders to ensure the accuracy prior to delivery to the client.
 - j. The licensed veterinarian must document the medication inspection by placing his or her initials in the patient's record.
 - k. The licensed veterinarian must personally inspect all packaged medication orders to ensure the accuracy prior to delivery to the client; and the licensed veterinarian will document the medication inspection by placing his or her initials in the patient's record.
 - l. The licensed veterinarian is not required to inspect the packaged orders.

4. Which of the following tasks must not be delegated by a licensed veterinarian to a registered veterinary medication clerk?
 - m. Extemporaneous compounding of a medication order.
 - n. Interpretation of data in a patient record.
 - o. Final inspection of a completed medication order.
 - p. All of the above.

5. Which of the following situations would most closely represent “Direct supervision” of a registered veterinary medication clerk by a licensed veterinarian?
 - a. The supervising licensed veterinarian is on the premises and is quickly and easily available.
 - b. Veterinarian is in the building but is performing surgery.
 - c. Veterinarian is not on the premises but has left written instructions for the medication clerk.
 - d. Veterinarian is off the premises but in immediate contact with the clinic.

6. Which of the following situations would most closely represent “Indirect supervision” of a registered veterinary medication clerk by a licensed veterinarian?
 - e. The supervisor is on the premises and is quickly and easily available and has examined the animal at such time and in such a manner as acceptable practice requires, consistent with the particular delegated animal health care task being performed.
 - f. The veterinarian is in the building but not necessarily in visual range of the animal patient.
 - g. Veterinarian is within audible and visual range of the animal patient and the technician treating the patient.
 - h. The supervising licensed veterinarian is not on the premises but has given either written or oral instructions regarding policies and procedures for the handling of legend drugs.

7. Parenteral refers to what route of administration?
 - i. Orally
 - j. Topically
 - k. Peros
 - l. Injection of drugs into the body

8. Unprofessional conduct by a veterinary medication clerk may result in:
 - m. Revocation or suspension of registration
 - n. Remedial education
 - o. Censure or reprimand
 - p. All of the above.

Match the term from column I with the appropriate definition from column II for each section. Please record your responses on the answer sheet. There is only one answer for each numbered item. Each item is worth one point.

Column I	Column II
9. Drug	a. Any drug which is required by law to be dispensed on prescription only or restricted to the use by practitioners only
10. Controlled Substance	b. The non-proprietary name of a drug or drug ingredient.
11. Legend Drug	c. The proprietary or trade name selected by the manufacturer and placed upon its container, when packaged.
12. Brand Name	d. Substances (other than food) intended to affect the structure of any function of the body of man or animals.
13. Generic Name	e. A drug, substance, or immediate precursor in Scheduled I through V of Article II (RCW 69.50.101).

Match the term from column I with the appropriate definition from column II for each section. Please record your responses on the answer sheet. There is only one answer for each numbered item. Each item is worth one point.

Column I	Column II
14. 15 mg	f. 1 Ounce (oz)
15. 5ml	g. 1 ml
16. 28 ml	h. 1/4 grain (gr)
17. 20 drops	i. 1 tsp

Match the term from column I with the appropriate definition from column II for each section. Please record your responses on the answer sheet. There is only one answer for each numbered item. Each item is worth one point.

Column I	Column II
18. Methimazole	j. Diuretic
19. Metoclopramide	k. Antibiotic/Antiparasitic
20. Methazolamide	l. Spasmolytic (anti-spasm)
21. Methocarbamol	m. Antimetic
22. Metronidazole	n. Antithyroid

23. Annual renewal of a veterinary medication clerk's registration is required on:

- a. January 1
- b. June 30
- c. Registrant's birth anniversary date
- d. July 1

24. The veterinarian orders 5 mg / lbs of a medication b.i.d. The cat weights 10 pounds. Prepare enough medication for 7 days. You have 25 mg, 75 mg, and 100 mg tablets available.

$$10 \text{ lbs} \times 5 \text{ mg} / 1\text{lbs} = 50 \text{ mg} / \text{dose (bid} \times 7 \text{ days)} = 14 \text{ } 50 \text{ mg tablets}$$

- a. 2 50 mg tablets
- b. 7 50 mg tablets
- c. 14 50 mg tablets
- d. 28 50 mg tablets

25. The dose rate for a medication is 25 mg / lbs. How many 250 mg tablets are needed to treat a 50 lb. dog?

$$50 \text{ lbs} \times 25 \text{ mg} / 1\text{lbs} = 1250 \text{ mg} \times 1 \text{ tablet} / 250 \text{ mg} = 5 \text{ tablets}$$

- e. 4 tablets
- f. 5 tablets
- g. 8 tablets
- h. 10 tablets

26. How many 10 mg tablets would you dispense for a 14-day prescription if the dog weighs 25 lbs. and the dose is 2 mg / lbs s.i.d?

$$25 \text{ lbs} \times 2 \text{ mg} / 1\text{lbs} \times 1 \text{ tablet} / 10 \text{ mg} = 70 \text{ tablets}$$

- i. 10 tablets
- j. 35 tablets
- k. 50 tablets
- l. 70 tablets

27. The veterinarian orders 30 units of insulin for a patient. The vial reads 100u = 1ml. The dose for the animal = _____ ml.

$$30 \text{ U} \times 1\text{ml} / 100 \text{ U} = 0.3 \text{ ml}$$

- m. 0.03 ml
- n. 0.3 ml
- o. 3.0 ml
- p. 3.3 ml

28. A cat weighs 8.89 lbs. The medication you are ordered to dispense is 0.5mg / kg. p.o. for 14 days. Each tablet contains 1mg. How many tablets will you dispense.

$$9 \text{ lbs} \times 0.45 \text{ kg/lb} \times 0.5\text{mg/kg} = 2.02\text{mg} \times 1 \text{ tablet/mg} = 2 \text{ tablets} \times 14 \text{ days} = 28 \text{ tablets}$$

- q. 14 tablets
- r. 20 tablets
- s. 28 tablets
- t. 32 tablets



RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Veterinary Medicine, Surgery and Dentistry, RCW 18.92](#)

[Veterinary Board of Governors, WAC 246-933](#)

On-Line

[AIDS Training Resources, Reference page](#)

[Veterinary Board of Governors, Web page](#)